

ISSUE SLIP STAPLE AREA (for additional cross references)

09/826944

POST. OFF.	INITIALS	IC NO.	DATE
FEE DETERMINATION	H.A.		04/09/01
O.I.P.E. CLASSIFIER	H.		5-2-01
FORMALITY REVIEW	VD	061026	05/02/01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 ..... Allowed  
 (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
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If more than 150 claims or 10 actions  
staple additional sheet here

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